

## Meeting minutes: Medical Services Review Board

Date: July 19, 2018

Minutes prepared by: Anita Hess

Location: Department of Labor and Industry, Minnesota Room

### Attendance

#### Members present

Beth Baker, chairwoman  
Elisha Harris  
Erica Kuhlman (phone)  
Reed Pollack  
Matthew Monsein  
Dan Wolfe  
Buck McAlpin

#### Members absent

Bradley Kuzel  
Darla Coss  
Margaret Spartz  
Russell Gelfman, vice chairman  
Jeffrey Bonsell  
Hans Thurmer  
Joseph J. Schulte

#### Alternates present

Kimberly Olson  
Natalie Haefner  
Daniel Piper  
Laura Breeher (phone)  
Lisa Hanselman

#### Alternates absent

Robin Peterson  
Elizabeth Alm

#### Staff members present

Laura Zajac  
Anita Hess  
Ernest Lampe  
Chris Leifeld  
Ann Tart  
Ethan Landy

#### Visitors present

Mike Strong, SFM  
Todd Ginkel, PDR  
Ceil Jung, SFM  
Bruce Bobbitt, MPA  
Debra Anger, LMCIT  
Rob Boe, LMCIT  
JoAnn White, Corvel  
Gary Thaden, MMCA/NECA  
Ceil Jung, SFM  
Carrie Mortrud, MNA  
Jackie Russell, MNA  
Keith Carlson, MICA  
Sara Curtis, Corvel

### Call to order

- The meeting of the Medical Services Review Board (MSRB) was called to order at 4:05 p.m. by Dr. Beth Baker. We have a quorum. Introductions were made. Dr. Erica Kuhlman and Dr. Laura Breeher are the phone.

### Approval of minutes

- A motion to approve the Jan. 18, 2018, minutes was made by Matthew Monsein and seconded by Dan Wolfe. The board voted all in favor. The motion carried.

### Approval of agenda

- A motion to approve was made by Wolfe and seconded by Buck McAlpin. The motion carried.

## **Announcements and update: Chris Leifeld and Ken Peterson**

Legislative report: Ken Peterson reviewed the *Summary of Workers' Compensation Advisory Council Legislation*. Changes to the post-traumatic stress disorder (PTSD) statutory language was included in the legislation. It requires that the Department of Labor and Industry (DLI) work with MSRB in the drafting of the treatment parameters. They are difficult issues and it is important work. Peterson thanked the board for its work.

## **Business: Dr. Ernest Lampe; and Bruce Bobbitt, president, Minnesota chapter of the American Psychological Association**

Baker stated a workgroup has been revising the injection treatment parameters, but they are not ready yet. We'll keep moving forward on that, but focus on PTSD for the next few meetings.

Laura Zajac reviewed the statute about PTSD. To be compensable, PTSD must arise out of and in the course of employment, be diagnosed by a licensed psychologist or psychologist, and meet the criteria of the DSM-5. This legislative session, a rebuttable presumption was created for certain occupations (first responders) who have not been previously diagnosed with PTSD. The presumption is that the PTSD is due to the nature of their employment. It is effective for dates of injury Jan. 1, 2019, and later. The legislation also directed the commissioner of DLI, in consultation with MSRB, to adopt rules establishing criteria for treatment of PTSD using an expedited rulemaking process. DLI and MSRB are directed by the legislation to consider the guidance set forth in the American Psychological Association's most recently adopted Clinical Practice Guideline for the Treatment of PTSD in Adults.

Baker proposed a workgroup to address this and help speed up the process. Psychologists or specialists with PTSD experience should be included.

Carrie Mortrud, Minnesota Nurses Association (MNA), was happy to learn PTSD can be a compensable injury even for occupations not listed in the rebuttable presumption legislation. Nurses often deal with PTSD patients and nurses also can suffer from PTSD when patients die or they can be exposed to workplace violence. MNA has advanced-care nurses who assess and treat PTSD patients and would want to work with the board on the PTSD treatment parameters.

Debra Anger, League of Minnesota Cities Insurance Trust (LMCIT), said PTSD is an important issue, not just for the financial aspect, but because they want to get workers back to work. That is the goal. LMCIT can advise about what treatment has worked and what has not been effective for their employees.

Dr. Ernest Lampe, DLI medical consultant, and Bruce Bobbitt, president of the Minnesota chapter of the American Psychological Association (APA), reviewed the PowerPoint presentation about PTSD treatment references. The references are the guidelines by the American Psychologic Association, American Psychiatric Association and Veterans Administration (VA). The guidelines present a consensus of general principals of treatment that are consistent with the American Psychologic Association guidelines.

Medical management of PTSD is supported by evidence for treatment of PTSD. However, the various forms of cognitive behavioral therapy are supported by the evidence as the best primary treatment. Cognitive behavioral therapies have strong data, but there needs to be flexibility so providers can use their clinical judgments to choose the best psychotherapy treatment for their patients. The benefits versus the harms should be looked at

for each potential treatment. Baker commented that with cognitive behavioral therapy, there is no harm, while there is evidence of harm with anti-depressants.

Natalie Haefner asked if there is a firm definition of cognitive behavioral therapy. Bobbitt explained cognitive behavior therapy tries to focus on thoughts and feelings, and teaches reframing automatic responses to avoid an episode.

Wolfe asked if there is standard training given before a provider uses cognitive behavioral therapy. Bobbit said there is not a certification for cognitive behavioral therapy. The providers must be ethical and ensure they are competent and within the scope of their licensure.

There are evidence-based mental health tests that can be used for diagnosis and to monitor treatment success. Clinicians can measure this. The VA has algorithms for treatment.

## **Adjournment: Baker and board**

There will potentially be a meeting in November; the goal is to finish the PTSD treatment parameters by the end of 2018.

A workgroup will be established; five to six people would be optimal. Alternates can attend. Kim Olson, McAlpin and Baker volunteered. Leifeld will solicit experts to advise the workgroup. Bobbitt will recommend an expert from the American Psychological Association to the workgroup. Baker indicated she has a contact with someone from workers' compensation in Colorado who helped write their guidelines.

Zajac and Ethan Landy will do the rulemaking following legal guidelines. There was discussion that LMCIT, Corvel and the Minnesota Counties Insurance Trust have some data about PTSD treatment that they could provide to the workgroup.

McAlpin moved to adjourn the meeting and it was seconded by Haefner. All voted in favor and the motion carried. The meeting was adjourned at 5:50 p.m.

**The next meeting date is:** Oct. 4, 2018.

**The agenda for next meeting is:** PTSD.